PATIENT EDUCATION

Anal cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Anal cancer (usually squamous, often HPV-related) is frequently treated with chemotherapy plus radiation as the primary therapy, aiming to avoid a permanent colostomy when it is safe. Surgery is reserved for leftover or returning disease in many cases. This is different from rectal adenocarcinoma — the names sound close; the plans differ.

What you may notice

- Bleeding, pain, a lump, or itching that does not match simple hemorrhoids
- A mass on exam
- HIV or immune suppression — tell us, because support changes
- Embarrassment delaying care — you will be treated with respect here

Usual care — the big picture

Staging includes exam, imaging, and sometimes a gynecologic or HIV-care partner. Chemoradiation is a several-week commitment with expected skin and bowel effects we prepare for.

Where CureRays may fit. CureRays delivers pelvic/anal image-guided radiation with chemotherapy coordinated by medical oncology. Skin care in the crease is a project we will help you with. Confirm HIV medicines and pain plans before week two, when skin is often angrier.

What radiation treatment usually involves

- Exam and imaging review
- Simulation with a reproducible pelvic set-up
- Daily treatments; chemo on scheduled days
- Aggressive skin, pain, and bowel support

Immobilization — why it matters

Immobilization keeps the pelvis still. Bolus may be used so the skin dose is adequate. Tell us about pain before we set up — we can pre-medicate.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Skin** in the anal crease — expected; call if it opens or smells.
- **Bowel urgency and diarrhea.**
- **Urinary** irritation; **fatigue** and blood counts with chemo.
- **Rare / serious.** Fever, inability to void, or pain out of control.

What this means for you at CureRays

The aim for many people is to cure the cancer and keep the sphincter. That takes you through some hard skin weeks. We will not minimize that, and we will not leave you without a care plan.

Questions to ask

- Is the goal sphincter-preserving chemoradiation?
- What is my skin-care kit this week?
- How do HIV or other medicines change the plan?
- When is the first exam after we finish, and what if something remains?

How to schedule or learn more

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